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|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>PRTA-126126424</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>West Coast Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>42220</i> |
| <i>Company Tracking Number:</i> | <i>BETH WCUE23</i> | | |
| <i>TOI:</i> | <i>L09I Individual Life - Flexible Premium</i> | <i>Sub-TOI:</i> | <i>L09I.001 Single Life</i> |
| | <i>Adjustable Life</i> | | |
| <i>Product Name:</i> | <i>WC-UE23 5-09</i> | | |
| <i>Project Name/Number:</i> | <i>WC-UE23 5-09/WC-UE23 5-09</i> | | |

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-UE23 5-09

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: PRTA-126126424 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 42220

Closed

Co Tr Num: BETH WCUE23

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Beth Fledderman

Disposition Date: 05/07/2009

Date Submitted: 04/27/2009

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: WC-UE23 5-09

Project Number: WC-UE23 5-09

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to Nebraska concurrently.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/07/2009

Explanation for Other Group Market Type:

State Status Changed: 05/07/2009

Deemer Date:

Created By: Beth Fledderman

Submitted By: Beth Fledderman

Corresponding Filing Tracking Number: PRTA-126126262

Filing Description:

The identical filing is being made for Protective Life Insurance Company. Please find the Corresponding SERFF Tracking Number above.

Form WC-UE23 5-09 is being submitted for your review and approval. It is a new form that will replace WC-UE23 11-08, which was approved by your Department on 08/28/2008; SERFF Tracking # PRTA-125791529, State Tracking # 40075. This filing does not contain any unusual or possibly controversial items from normal company or industry standards.

| | | | |
|--------------------------|--|------------------------|----------------------|
| SERFF Tracking Number: | PRTA-126126424 | State: | Arkansas |
| Filing Company: | West Coast Life Insurance Company | State Tracking Number: | 42220 |
| Company Tracking Number: | BETH WCUE23 | | |
| TOI: | L09I Individual Life - Flexible Premium Adjustable Life | Sub-TOI: | L09I.001 Single Life |
| Product Name: | WC-UE23 5-09 | | |
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Currently, this optional rider will be used with base policy form WC-U15-AR 11-06 (approved 10/25/2006; SERFF Tracking # SERT-6TMV6E299, State Tracking # 34008) and policy schedule page WC-U15V5 11-08 (approved 8/28/2008; SERFF Tracking # PRTA-125791529, State Tracking # 40075).

We are correcting item b), which describes the interest rate used to determine the Net Single Premium. A comparison document is included so you can see the change in detail.

The form is being submitted to our domiciliary state, Nebraska, concurrently.

Company and Contact

Filing Contact Information

| | |
|---|-------------------------------------|
| Elizabeth Fledderman, Policy Contract Filing Specialist | elizabeth.fledderman@protective.com |
| 2801 Highway 280 South | 800-866-3555 [Phone] 5539 [Ext] |
| Birmingham, AL 35223 | 205-268-3401 [FAX] |

Filing Company Information

| | | |
|-----------------------------------|-------------------------|------------------------------|
| West Coast Life Insurance Company | CoCode: 70335 | State of Domicile: Nebraska |
| 2801 Highway 280 | Group Code: 458 | Company Type: Life Insurance |
| Birmingham, AL 35223 | Group Name: | State ID Number: |
| (800) 866-3555 ext. [Phone] | FEIN Number: 94-0971150 | |

Filing Fees

| | |
|------------------|------------------------------------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | 1 form + no domiciliary fee = \$50 |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|---------|----------------|---------------|
| West Coast Life Insurance Company | \$50.00 | 04/27/2009 | 27436274 |

| | | | |
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| <i>SERFF Tracking Number:</i> | <i>PRTA-126126424</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>West Coast Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>42220</i> |
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| | <i>Adjustable Life</i> | | |
| <i>Product Name:</i> | <i>WC-UE23 5-09</i> | | |
| <i>Project Name/Number:</i> | <i>WC-UE23 5-09/WC-UE23 5-09</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|-------------------|-------------------|-----------------------|
| Approved-Closed | Linda Bird | 05/07/2009 | 05/07/2009 |

| | | | |
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| | <i>Adjustable Life</i> | | |
| <i>Product Name:</i> | <i>WC-UE23 5-09</i> | | |
| <i>Project Name/Number:</i> | <i>WC-UE23 5-09/WC-UE23 5-09</i> | | |

Disposition

Disposition Date: 05/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
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| Product Name: | WC-UE23 5-09 | | |
| Project Name/Number: | WC-UE23 5-09/WC-UE23 5-09 | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|----------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Health - Actuarial Justification | | No |
| Supporting Document | Outline of Coverage | | No |
| Supporting Document | Actuarial Memorandum | | No |
| Supporting Document | Statement of Variability | | Yes |
| Supporting Document | Comparison Document | | Yes |
| Supporting Document | Certification | | Yes |
| Form | Death Benefit Endorsement | | Yes |

| | | | |
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| Project Name/Number: | WC-UE23 5-09/WC-UE23 5-09 | | |

Form Schedule

Lead Form Number: WC-UE23 5-09

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|--------------|---|---------|----------------------|-------------|------------------|
| | WC-UE23 5-09 | Policy/Cont Death Benefit ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 50.000 | WC-UE23 5-09.pdf |



West Coast Life Insurance Company

A PROTECTIVE COMPANY

343 Sansome Street, San Francisco, CA 94104
P.O. Box 193892, San Francisco, CA 94119-3892
Home Office : San Francisco, California
1-800-366-9378

DEATH BENEFIT ENDORSEMENT

The Company issues this endorsement as a part of the Policy to which it is attached. The endorsement modifies the Policy by adding a Death Benefit Option and providing for changes between the Death Benefit Options. All Policy provisions not expressly modified by this endorsement remain in full force and effect.

The Policy is modified as follows:

1. The "Death Benefit Option" provision in the "DEATH BENEFIT" section of the Policy is deleted in its entirety, and replaced with the new "Death Benefit Option" provision, below.

Death Benefit Option. The Death Benefit options provided by the Policy are Option A or Option B, whichever is shown on the current Policy Schedule.

If the Policy Schedule indicates the Policy will meet the compliance requirements under the Guideline Premium Test, then:

Option A - Level Death Benefit. The Level Death Benefit is the greater of:

- a) the face amount as of the Insured's date of death; or
- b) the Policy Value as of the Insured's date of death plus the corridor amount.

Option B - Increasing Death Benefit. The Increasing Death Benefit is the greater of:

- a) the face amount plus the Policy Value as of the Insured's date of death; or
- b) The Policy Value as of the Insured's date of death plus the corridor amount.

The corridor amount is equal to a percentage of the Policy Value as of the Insured's date of death, and applied as prescribed in Code section 7702, as amended. The percentage varies according to the Insured's age, as shown in the table below:

| Age at Death | Corridor Percentage | Age at Death | Corridor Percentage | Age at Death | Corridor Percentage |
|--------------|---------------------|--------------|---------------------|--------------|---------------------|
| 0-40 | [150%] | 54 | [57%] | 68 | [17%] |
| 41 | [143%] | 55 | [50%] | 69 | [16%] |
| 42 | [136%] | 56 | [46%] | 70 | [15%] |
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| 44 | [122%] | 58 | [38%] | 72 | [11%] |
| 45 | [115%] | 59 | [34%] | 73 | [9%] |
| 46 | [109%] | 60 | [30%] | 74 | [7%] |
| 47 | [103%] | 61 | [28%] | 75-90 | [5%] |
| 48 | [97%] | 62 | [26%] | 91 | [4%] |
| 49 | [91%] | 63 | [24%] | 92 | [3%] |
| 50 | [85%] | 64 | [22%] | 93 | [2%] |
| 51 | [78%] | 65 | [20%] | 94 | [1%] |
| 52 | [71%] | 66 | [19%] | 95+ | [0%] |
| 53 | [64%] | 67 | [18%] | | |

If the Policy Schedule indicates the Policy will meet the compliance requirements under the Cash Value Accumulation Test, then:

Option A - Level Death Benefit. The Level Death Benefit is the greater of:

- a) the face amount as of the Insured's date of death; or
- b) the Minimum Death Benefit, described below.

Option B - Increasing Death Benefit. The Death Benefit is the greater of:

- a) the face amount plus the Policy Value as of the Insured's date of death;
or
- b) the Minimum Death Benefit, described below.

The Minimum Death Benefit is the amount of Level Death Benefit that the Policy Value would currently buy if paid as the Net Single Premium, when Net Single Premium is determined according to the Cash Value Accumulation Test as prescribed at that time in Code section 7702, as amended. Pursuant to that section as of the Policy Effective Date, for the purpose of determining Net Single Premium:

- a) the mortality charges used shall be the maximum cost of insurance charges guaranteed under the Policy, provided they do not exceed the maximum charges permitted under Code section 7702; and,
- b) the interest rate used shall be the greater of the guaranteed interest rate shown in the Policy Schedule or an annual effective interest rate of 4%;
and,
- c) the Policy shall be deemed to mature no earlier than the date the Insured attains age 95 and no later than the date the Insured attains age 100, and the Policy Value deemed to exist on the maturity date does not exceed the smallest Death Benefit payable.

2. The new provision below, entitled "Changing the Death Benefit Option", is added to the end of the "CHANGING THE POLICY" section of the Policy:

Changing the Death Benefit Option. You may change the Death Benefit while this policy is in force during the life of the Insured. If you request a change from Option B to Option A, we will increase the face amount to equal the Death Benefit on the Effective Date of the change. If you request a change from Option A to Option B and the face amount exceeds the Death Benefit less the Policy Value, we will decrease the face amount so that it equals the Death Benefit less the Policy Value on the Effective Date of the change.

Signed for the Company as of the Policy Effective Date.

WEST COAST LIFE INSURANCE COMPANY



Secretary

| | | | |
|--------------------------|--|------------------------|----------------------|
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| Filing Company: | West Coast Life Insurance Company | State Tracking Number: | 42220 |
| Company Tracking Number: | BETH WCUE23 | | |
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| Product Name: | WC-UE23 5-09 | | |
| Project Name/Number: | WC-UE23 5-09/WC-UE23 5-09 | | |

Supporting Document Schedules

| | | |
|---|---------------------|-------------------------|
| | Item Status: | Status Date: |
| Satisfied - Item: Flesch Certification | | |
| Comments: | | |
| Attachment: WC WCUE23 Readability.pdf | | |

| | | |
|--|---------------------|-------------------------|
| | Item Status: | Status Date: |
| Bypassed - Item: Application | | |
| Bypass Reason: Not applicable to this filing. | | |
| Comments: | | |

| | | |
|--|---------------------|-------------------------|
| | Item Status: | Status Date: |
| Bypassed - Item: Outline of Coverage | | |
| Bypass Reason: Not applicable to this filing. | | |
| Comments: | | |

| | | |
|--|---------------------|-------------------------|
| | Item Status: | Status Date: |
| Satisfied - Item: Statement of Variability | | |
| Comments: | | |
| Attachment: WC Statement of Variability-WCUE23.pdf | | |

| | | |
|--|---------------------|-------------------------|
| | Item Status: | Status Date: |
| Satisfied - Item: Comparison Document | | |
| Comments: | | |
| Attachment: | | |

| | | | |
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| Product Name: | WC-UE23 5-09 | | |
| Project Name/Number: | WC-UE23 5-09/WC-UE23 5-09 | | |

11-08 to 5-09 Compare.pdf

Item Status:

Status

Date:

Satisfied - Item: Certification

Comments:

Attachment:

WC AR Certification.pdf

WEST COAST LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the attached Form No. WC-UE23 5-09, along with all state variations, has achieved a Flesch Reading Ease Test Score of 50.4.

A handwritten signature in black ink that reads "Keith Kirkley". The signature is written in a cursive style with a large, looping 'K' and a trailing flourish.

Keith Kirkley, JD, MBA
Assistant Vice President

Date: April 7, 2009

**Statement of Variability
Endorsement Form WC-UE23 5-09**

No variables will change with respect to in-force policies without notification, appropriate regulatory approvals, and (where required) consent of the contract holder, owner or participant.

Death Benefit Endorsement WC-UE23 5-09

Corridor Table Percentages – Will vary according to current IRS requirements as of the Policy Effective Date.

CERTIFICATION

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.

Signed for the Company by:

A handwritten signature in black ink that reads "Keith Kirkley". The signature is written in a cursive, flowing style.

Keith Kirkley, J.D. MBA
Assistant Vice President
Protective/West Coast Life Insurance Company

April 7, 2009

Text Comparison

Documents Compared

WC-UE23 11-08.pdf

WC-UE23 5-09.pdf

Summary

18 word(s) added

18 word(s) deleted

829 word(s) matched

7 block(s) matched

To see where the changes are, scroll down.



West Coast Life Insurance Company

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The Policy is modified as follows:

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If the Policy Schedule indicates the Policy will meet the compliance requirements under the Guideline Premium Test, then:

Option A - Level Death Benefit. The Level Death Benefit is the greater of:

- a) the face amount as of the Insured's date of death; or
- b) the Policy Value as of the Insured's date of death plus the corridor amount.

Option B - Increasing Death Benefit. The Increasing Death Benefit is the greater of:

- a) the face amount plus the Policy Value as of the Insured's date of death; or
- b) The Policy Value as of the Insured's date of death plus the corridor amount.

The corridor amount is equal to a percentage of the Policy Value as of the Insured's date of death, and applied as prescribed in Code section 7702, as amended. The percentage varies according to the Insured's age, as shown in the table below:

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1. The "Death Benefit Option" provision in the "DEATH BENEFIT" section of the Policy is deleted in its entirety, and replaced with the new "Death Benefit Option" provision, below.

Death Benefit Option. The Death Benefit options provided by the Policy are Option A or Option B, whichever is shown on the current Policy Schedule.

If the Policy Schedule indicates the Policy will meet the compliance requirements under the Guideline Premium Test, then:

Option A - Level Death Benefit. The Level Death Benefit is the greater of:

- a) the face amount as of the Insured's date of death; or
- b) the Policy Value as of the Insured's date of death plus the corridor amount.

Option B - Increasing Death Benefit. The Increasing Death Benefit is the greater of:

- a) the face amount plus the Policy Value as of the Insured's date of death; or
- b) The Policy Value as of the Insured's date of death plus the corridor amount.

The corridor amount is equal to a percentage of the Policy Value as of the Insured's date of death, and applied as prescribed in Code section 7702, as amended. The percentage varies according to the Insured's age, as shown in the table below:

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If the Policy Schedule indicates the Policy will meet the compliance requirements under the Cash Value Accumulation Test, then:

Option A = Level Death Benefit. The Level Death Benefit is the greater of:

- a) the face amount as of the Insured's date of death; or
- b) the Minimum Death Benefit, described below.

Option B = Increasing Death Benefit. The Death Benefit is the greater of:

- a) the face amount plus the Policy Value as of the Insured's date of death; or
- b) the Minimum Death Benefit, described below.

The Minimum Death Benefit is the amount of Level Death Benefit that the Policy Value would currently buy if paid as the Net Single Premium, when Net Single Premium is determined according to the Cash Value Accumulation Test as prescribed at that time in Code section 7702, as amended. Pursuant to that section as of the Policy Effective Date, for the purpose of determining Net Single Premium:

- a) the mortality charges used shall be the maximum cost of insurance charges guaranteed under the Policy, provided they do not exceed the maximum charges permitted under Code section 7702; and,
- b) the interest rate used shall be the greater of the ~~current interest rate being credited to the Policy~~ or an annual effective interest rate of 4%; and,
- c) the Policy shall be deemed to mature no earlier than the date the Insured attains age 95 and no later than the date the Insured attains age 100, and the Policy Value deemed to exist on the maturity date does not exceed the smallest Death Benefit payable.

2. The new provision below, entitled "Changing the Death Benefit Option", is added to the end of the "CHANGING THE POLICY" section of the Policy:

Changing the Death Benefit Option. You may change the Death Benefit while this policy is in force during the life of the Insured. If you request a change from Option B to Option A, we will increase the face amount to equal the Death Benefit on the Effective Date of the change. If you request a change from Option A to Option B and the face amount exceeds the Death Benefit less the Policy Value, we will decrease the face amount so that it equals the Death Benefit less the Policy Value on the Effective Date of the change.

Signed for the Company as of the Policy Effective Date.

WEST COAST LIFE INSURANCE COMPANY



Secretary

If the Policy Schedule indicates the Policy will meet the compliance requirements under the Cash Value Accumulation Test, then:

Option A - Level Death Benefit. The Level Death Benefit is the greater of:

- a) the face amount as of the Insured's date of death; or
- b) the Minimum Death Benefit, described below.

Option B - Increasing Death Benefit. The Death Benefit is the greater of:

- a) the face amount plus the Policy Value as of the Insured's date of death; or
- b) the Minimum Death Benefit, described below.

The Minimum Death Benefit is the amount of Level Death Benefit that the Policy Value would currently buy if paid as the Net Single Premium, when Net Single Premium is determined according to the Cash Value Accumulation Test as prescribed at that time in Code section 7702, as amended. Pursuant to that section as of the Policy Effective Date, for the purpose of determining Net Single Premium:

- a) the mortality charges used shall be the maximum cost of insurance charges guaranteed under the Policy, provided they do not exceed the maximum charges permitted under Code section 7702; and,
- b) the interest rate used shall be the greater of the guaranteed interest rate shown in the Policy Schedule or an annual effective interest rate of 4%; and,
- c) the Policy shall be deemed to mature no earlier than the date the Insured attains age 95 and no later than the date the Insured attains age 100, and the Policy Value deemed to exist on the maturity date does not exceed the smallest Death Benefit payable.

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Changing the Death Benefit Option. You may change the Death Benefit while this policy is in force during the life of the Insured. If you request a change from Option B to Option A, we will increase the face amount to equal the Death Benefit on the Effective Date of the change. If you request a change from Option A to Option B and the face amount exceeds the Death Benefit less the Policy Value, we will decrease the face amount so that it equals the Death Benefit less the Policy Value on the Effective Date of the change.

Signed for the Company as of the Policy Effective Date.

WEST COAST LIFE INSURANCE COMPANY



Secretary

WEST COAST LIFE INSURANCE COMPANY

STATE OF ARKANSAS

RULE AND REGULATION 19 CERTIFICATION

This is to certify that the attached Form No. WC-UE23 5-09 is in compliance with Rule and Regulation 19 of the State of Arkansas regarding the Unfair Sex Discrimination in the Sale of Insurance.

Keith Kirkley, J.D., MBA
Assistant Vice President

Date: April 7, 2009